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CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United Sates Postal Service with sufficient postage for First class or Express mall in an envelope addressed to Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO, Group Art Unit 2157, (703) 872-9306 on the date Indicated

Date: April 21, 2004

Name: Jacqueline Wilson

queline Welson Signature

Re:

Patent Application for:

"Method and Apparatus for Selective Network Access"

Serial No. 09/438,431

Attorney Docket No. P12817-US1

Dear Sir or Madam:

Enclosed for filing please find the following items relating to the above-identified application:

Transmittal Letter (1 page) (1)

Response under 37 C.F.R §1.111 (13 pages) (2)

There is no additional fee for this filing. The commissioner is hereby authorized to charge payment of any additional filling fees required associated with this communication or credit any overpayment to Deposit Account No. 50-1379.

If you have any questions or comments concerning this matter, please feel free to contact the undersigned at 972-583-8656.

Sincerely.

Sidney L. Weatherfold

Intellectual Property Counsel

SLW/jw



AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Phillipe Charas et al.							P12817-US1		
Serial No. 09/438,431		Filing Date November 12, 1999		Examiner Abdullahi Elmi Salad			Group Art Unit 2157		
Invention: Method and Apparatus for Selective Network Access									
TO THE ASSISTANT COMMISSIONER FOR PATENTS:									
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.									
CLAIMS AS AMENDED									
CLAII		MS REMAINING	HIGHEST#	NUMBER		RA	re	ADDITIONAL FEE	
	AFTE	R AMENDMENT	PREV. PAID FO	R CLAIMS I	PRESENT	x S	18.00	\$0.00	
TOTAL CLAIM		24	23				86.00	\$0.00	
INDEP. CLAIM		4 **	4 icable) 🔲			L			
Multiple Dependent Claims (check if applicable) TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00									
 No additional fee is required for amendment. □ Please charge Deposit Account No. 50-1379 in the amount of \$0.00 A duplicate copy of this sheet is enclosed. □ A check in the amount of to cover the filing fee is enclosed. □ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1379									
Ericsson Inc. 6300 Legacy Drive. M/S EVR 1-C-11 Plano, TX 75024 Ericsson Inc. 6300 Legacy Drive. M/S EVR 1-C-11 Plano, TX 75024 Ericsson Inc. 1 benefit card of Mailing or Tensoriation 1 benefit card or principle for Fire class or Sprince Mill to an envelope addressed to Commissioner for Principle, T. O. Box 1450, Alexandria, VA. 2233-1450, or being Section transmitted to the United Commissioner for Principle. Signature Jacqueline Wilson 04/21/04									
CC: Depositor's Nam								one and Date	